

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.**

Please type a plus sign (+) inside this box → ☐

PTO/SB/29 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	50	-20* =	30	x \$ 18 =	\$ 540.00
INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	1	-3** =	0	x \$ 80 =	0
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				+ \$ 270 =	
				BASIC FEE (37 C.F.R. § 1.16)	710.00
				Total of above Calculations =	540.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).					
* Reissue claims in excess of 20 and over original patent. ** Reissue Independent claims over original patent.				TOTAL =	\$1,250.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 0510/IBM (YORKTOWN HEIGHTS).

- a. ☒ Fees required under 37 C.F.R. § 1.16.
b. ☐ Fees required under 37 C.F.R. § 1.17.
c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☐ A check in the amount of \$ _____ is enclosed.

9. ☐ Other:

RECEIVED
JUN 11 2001
Technology Center 2100

NOTE:

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Frank Chau				
	F. Chau & Associates, LLP				
Address	1900 Hempstead Turnpike, Suite 501				
City	East Meadow	State	NY	Zip Code	11554
Country	USA	Telephone	516/357-0091	Fax	516/357-0092

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

Juan C. Villar

Signature

Juan C. Villar

Registration No. (Attorney/Agent)

34,271

Date

6 JUN 01